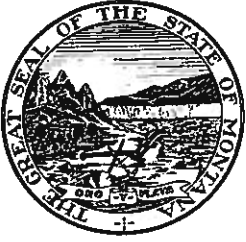


**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**



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Date: June 30, 2008

To: Rick Thompson, Director
Hi-Line Home Programs, Inc.

From: Sandra L. Carpenter, QIS

Subject: Comprehensive Evaluation of Hi-Line Home Programs Child & Family Services

This review consists of a summary of the information collected through out the year, from file reviews onsite (November 2007) and from the visits I was able to have with some of the families you serve. I found very high performance with the standards outlined in Montana's Comprehensive Evaluation Process.

Although this year brought about many changes with entering into the new rates system, I have found that Hi-Line Home Programs, Inc. has worked very hard to make this process as easy as possible for families served in your programs. I have heard first hand that families are grateful for the professional, caring staff and services you provide. Some comments from families:

"They're like my better half...when you're down, they pick you back up again."
"___(FSS)___ ...has been very helpful to our family in so many ways. ...is also encouraging and is a good listener."
"___(FSS)___ has been diligent about learning the rules. She has successfully answered questions for that I had not been given before. She is very careful to do the right, best thing for my child. Her suggestions are helpful...."
"___(FSS)___ is s Godsend to my family and has helped my child become the beautiful child she is today."

I want to thank you for giving families the best of service. Thanks to you and your staff for your dedication and commitment to families...it shows!

Cc: Sam Waters, President, Board of Directors
Erica Swanson, Child & Family Specialist, DDP
Dain Christianson, Region 1 Manager
Tim Plaska, Bureau Chief, DDP
John Zeeck, Quality Assurance, DDP
Perry Jones, Medicaid Waiver Specialist, DDP
DDP Contract File

attachments

Hi-Line Home Programs, Inc.
Comprehensive Evaluation of Family Education and Support Services
FY 2007

Consumer Satisfaction Surveys:

Parents/families are extremely satisfied with services provided. Out of 82 surveys sent out, 25 were returned. Parents have trust in their FSS's, are involved in the IFSP process and are looking for answers to their questions. Some comments indicate dissatisfaction with the changes and the seemingly endless new rules brought about with the unbundling of services and the rates system.

Family Support Services Advisory Council (FSSAC) Input:

Region 1 is without a representative at this time.

Home Visits/Family Contacts:

While visiting with families, they all seemed to be very informed on the types of services they could receive. Contact notes in all files are very detailed and show evidence of support coordination and that contact often exceed the standard required. Contact notes also showed how creative families and FSS's are when it comes to solving problems such as finding the right hab aide or solving an environmental modification issue.

Families understood that Part C services ended at age 3 or when they no longer needed services. This year I did not discover any understanding issues with Part B or with IFES; families seemed to know what was different.

All files are complete and detailed. Choice of provider documentation was present in all files sampled.

Internal Evaluation:

Internal monitoring takes place through a tracking data base, survey and data compilation and over-sight by the FSS supervisor.

Licensing Information:

HLHP does not do placements; they do work with families who have children placed through Child & Family services and those homes are licensed as required.

Financial Audits:

HLHP is qualified as a low-risk auditee. The FY 2006 audit showed no findings or questioned costs in the report.

HLHP has a defensive interval ratio (number of months expenses can be paid with current assets) of 6.32 compared to 6.06 the previous year.

Family Support Specialist Certification:

All but 1 FSS's had comprehensive certifications; the other has a primary certification as a recent hire. All staff receive on-going training in first aid/CPR, interpersonal communications, mandatory reporting, drug endangered children, autism issues and more.

Crisis Response Information:

HLHP addresses emergency issues with families as they arise. Some families have medical emergencies while others may have behavioral emergencies. HLHP staff are very supportive during these times and help coordinate any interventions. HLHP has a policy for incident reporting and a protocol for reporting suspected abuse, neglect and/or exploitation.

Other:

HLHP works with school districts and education cooperatives to conduct child finds. Referrals are also generated from hospitals and social workers.

HLHP was accredited by CARF in 2000 for a 3 year accreditation. HLHP has chosen to not go through accreditation at this time.

One of HLHP's strengths is its record keeping. From demographics to expenditures, HLHP will track it and report on it. This dedication to data tracking not only benefits families as they navigate through a small pool of service funding but will also supply evidence for future quality improvements and planning (QAOS #1).

File Review of Specific Services:

Files were reviewed in accordance to the Montana Evaluation Process for Family Education and Support Services. A total of 15 files were reviewed. This included 5 files each from Part C, FES, and IFES and included 2 children who exited a service or transitioned to another. Also reviewed were 2 files of children not eligible for Part C. Those not eligible were referred to other services and/or agencies.

There are no significant issues to report as a result of the file review. Overall, services are meeting and exceeding the expectations of the standards in all areas with a strength being the individual contacts each FSS makes with or on behalf of the families as evidenced in the accompanying tables.

Overview of Part C:

Eligibility is determined by various evaluations and assessments and is consistent with eligibility guidelines under the State of Montana definition of Part C (established condition, 50% delay in one developmental area, or 25% delay in two developmental areas.) Children are exited when they become 3 years of age and there is documented evidence for transition planning to other services as appropriate.

Contact is made with families within 2 working days of initial referral with evaluations and initial IFSP's in place within 45 days. While IFSP's are standardized, they are clearly family oriented and show service objectives relating to child and family needs.

Overview of Intensive Education & Support (IFES):

Eligibility is clearly documented and eligibility notes sent to regional office. Services are very family oriented. Children can be served in this program until the ages of 22; families all know this and transition planning takes place. Service funding stays with the individual as they become adults. HLHP has had several individuals' transition to adult services and have worked very hard to help families understand these changes.

IFSP objectives for habilitation are implemented in a timely manner and changes are made when the need arises. IFSP's and their cost plans are modified at least every 6 months. Adaptive equipment and environmental modifications must meet waiver criteria (not room & board, no general utility for someone without a disability & relate specifically to the disability.) Documentation of the need is present and often the QIS is called into some of the more "on-the-line" calls.